

ARIZONA STATE BOARD OF HEALTH

State File No. 159

Registered No. 108

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

County Gila State Arizona
Township Hayden or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Adelida Garcia

If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Dec 15, 1920
(Month, day, year)

9. Full name of FATHER Sergio Garcia

18. Full maiden name of MOTHER Victorina Mercado

10. Residence (usual place of abode) Hayden Ariz
(If nonresident, give place and State)

19. Residence (usual place of abode) Hayden Ariz
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 31 (Years)

20. Color or race Mex 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Jalisco, Mex
(State or country)

22. Birthplace (city or place) Jalisco, Mexico
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mex Gunter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Dec 15, 1920

25. Date (month and year) last engaged in this work Dec 16, 20

17. Total time (years) spent in this work 12

26. Total time (years) spent in this work 6

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3:00 P m. on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sergio Garcia Father, M.D.

or _____ Midwife

Given name added from supplemental report

Address Box 965 Hayden Ariz

Filed Dec 20, 1920 W B Dault

Registrar.

Registrar.

(Date of)
171-1215-546